

K9 TACTICAL COMBAT CASUALTY CARE (K9TCCC) CARD

EVAC CAT: Urgent Priority Routine

EVAC TYPE: Fixed Rotary Ground MEDEVAC CASEVAC

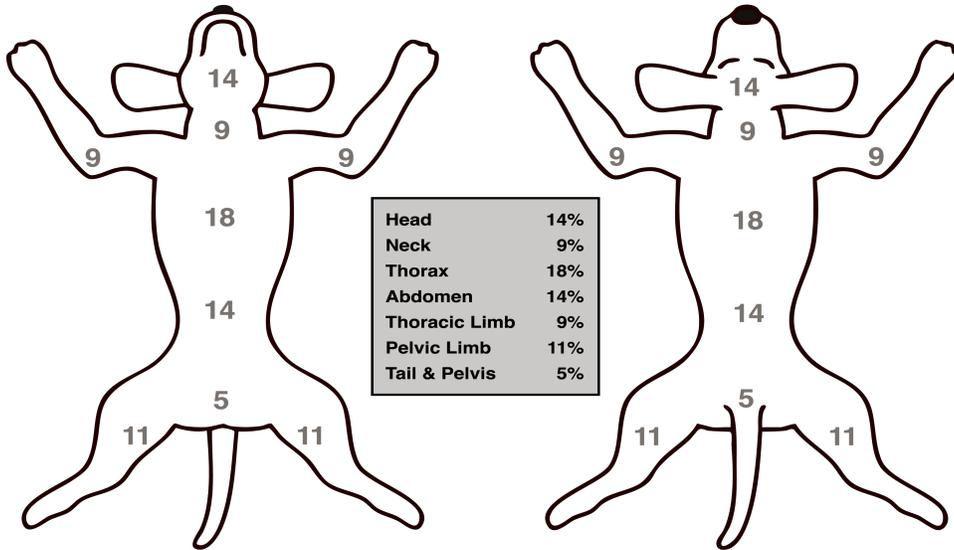
UNIT: _____ K9 NAME: _____ TATTOO: _____

DATE: (DD-MM-YY) _____ TIME: _____ SEX: M F

Mechanism of Injury: (Mark X all that apply)

IED GSW MINE BURN GRENADE ARTILLERY FALL MVC OTHER: _____

Injury: (Mark all injuries that apply with an X)



Vital Signs: (fill in the blank)

Time			
Pulse Rate/Location (60-80)			
Respiratory Rate (16-30)			
Temperature (99-102.5°F)			
Capillary Refill (< 2 sec)			
Blood Pressure (120/80)			
Pulse O ₂ % (> 95%)			
Pain Score (0-10)			

NOTES: _____

FIRST RESPONDER NAME (Last, First): _____ AOC/MOS: _____

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Treatments: (Mark X all that apply, and fill in the blank)

M: Muzzle - Handler provided Hasty Other: _____

M: Dressing - Hemostatic Pressure Other: _____

TQ - Wide Elastic Extremity _____ Time _____ Other: _____

A: Intact ETI/OTI TRACH CRIC Other: _____

R: O² Chest Seal NDC Chest Tube Other: _____

C: Catheter - IV IO Location: _____

RESUSCITATION	Name	Volume/Dose	Route	Time
K9 Blood Product				
Crystalloid Fluid 500ml IV bolus, repeat only once				

H: Hypothermia – Prevention Hyperthermia – External Cooling

H: Head Injury Elevate Head/Neck/Torso Other: _____

Medications for a 30kg K9 (Mark X if given and write route and time)

DRUG OPTIONS	DRUG NAMES	DOSE (30kg)	ROUTE	TIME	
ANALGESIA Mild Pain: ketamine + benzo OR opioid alone; Mod/Severe Pain: ketamine + opioid OR ketamine + benzo + opioid	<input type="checkbox"/> Ketamine (analgesia) IV/IO/IM	50mg			
	<input type="checkbox"/> Ketamine (sedation) IV/IO/IM	100mg			
	<input type="checkbox"/> Midazolam IV/IO/IM	10mg			
	<input type="checkbox"/> Hydromorphone IV/IO/IM	3mg			
	SEDATION ketamine + benzo OR ketamine + opioid	<input type="checkbox"/> Fentanyl IV/IO IM	150mcg 300mcg		
		<input type="checkbox"/> Morphine IM	10mg		
		<input type="checkbox"/> Other:			
ANTIBIOTIC	<input type="checkbox"/> Cefazolin/Ceftriaxone IV/IM	750mg			
	<input type="checkbox"/> Cefotaxime IV/IM	750mg			
	<input type="checkbox"/> Ertapenem IV/IM	750mg			
	<input type="checkbox"/> Other:				
OTHER	<input type="checkbox"/> TXA IV/IO	0.5gm			
	<input type="checkbox"/> Naloxone IV/IO IM/IN	2mg 4mg			
	<input type="checkbox"/> Calcium IV/IO	1 gram			
	<input type="checkbox"/> 3 or 5% Hypertonic Saline (HTS) IV/IO	150ml			
	<input type="checkbox"/> Other:				

OTHER: Splint Wound Dressing Other: _____